

UTAH VIATICAL SETTLEMENT PROVIDER APPLICATION

State Office Building, Room 3110
Salt Lake City, UT 84114
(801) 538-3800

Provider Number:

Date: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

City, State Zip: _____

Telephone Number: _____ Toll Free
Number _____

Email Address: _____ Website Address _____

Fax Number: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters: _____

FEES (Initial application fees must accompany this application)

- **Initial application:** \$1,052 (\$1,002 Initial Application Fee + \$50 Annual E-Commerce Fee)
- **Renewal application:** \$952 (\$302 Renewal Application Fee + \$600 Annual Service Fee + \$50 Annual E-Commerce Fee)

Renewal application fees will be invoiced each year – failure to pay the invoiced fees by the due date of the invoice will result in the license being lapsed and may subject the licensee to administrative penalties and forfeitures.

Form of Organization:

- ☐ Proprietorship
☐ Partnership
☐ Corporation (State & Date of Incorporation: _____)
☐ Other (Describe: _____)

Is provider registered with the Utah Corporations Division? ☐ Yes ☐ No

State of domicile: _____

List all officers, directors & controlling persons¹ of provider (See Rule **R590-222-5(1)(c)(iii)**).
(Please attach additional sheet if necessary)

For each officer, Director, and Controlling Person listed above, attach a completed biographical affidavit. Use the NAIC prescribed template located at http://www.naic.org/document?industry_ucaa_form11.doc. The biographical affidavits should sufficiently describe each individual's viatical settlement experience, training, and education in accordance with U.C.A. **§31A-23a-117(3)**.

Please provide in narrative form (as part of the proposed Plan of Operations referenced on the checklist.) the following information:

1. What market does the applicant intend to target?
2. Who will produce business for applicant and how will these people be recruited, trained, and compensated?
3. Describe the organizational structure of applicant.
4. Describe the procedures used by applicant to insure that viatical settlement proceeds will be sent to viator within 3 business days as required by U.C.A. **§31A-36-110(3)**.
5. Provide a detailed description of procedures used by applicant to ensure that the identity, financial information, and medical information of an insured is kept confidential as required by U.C.A. **§31A-36-106**.

Please provide the following contact information:

¹ A Controlling Person is any person who is a partner (other than a limited partner), officer, director, or anyone having an ownership interest of 10% or more of the Provider, whether that person is an individual or other entity.

All applicable items indicated on the application checklist must be submitted in connection with this application.

All viatical settlements forms must be filed in accordance with Rule **R590-222**.

U.C.A. § **31A-36-105** requires filing of a viatical settlement form before using it in the State of Utah.

I certify that I have read and am familiar with the requirements of **Chapter 36** of the Utah Insurance Code and that the provider meets all requirements to qualify as a provider of viatical settlements in the State of Utah. I further certify that, after due inquiry, the information provided in this application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Authorized Signature: _____

Printed Name & Position: _____

Statutory Home Office Address

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Mailing Address

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Company Renewal Contact

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Local Utah Representative

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Complaints Contact

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Registered Agent-service of process in Utah

Street _____
P0 Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____